

FOREIGN MEDICAL PROGRAM POLICY MANUAL

CHAPTER: 2
SECTION: 7
TITLE: MENTAL HEALTH

AUTHORITY: 38 USC 1724; 38 CFR 17.35; M-8, Part II

I. PROCEDURE CODE(S)

90801-90802, 90804-90857, 99221-99223

II. DEFINITIONS

A. Long-term inpatient psychiatric care is a system of primary care, consisting of health, personal care, and social (support) services, delivered over an extended period to individuals with multiple and chronic medical problems, functional disabilities, cognitive impairments, and/or weakened social support systems.

B. Acute inpatient psychiatric care is care required to stabilize a life-threatening or severely disabling condition within the context of a brief, intensive model of inpatient care in order to permit management of the patients condition at a less intensive level of care.

II. POLICY

A. Benefits are payable for services and supplies that are medically or psychologically necessary for the treatment of mental disorders which are service-connected.

B. The following types of providers are considered qualified providers of mental health services:

1. psychiatrists and other physicians,
2. pastoral counselors,
3. mental health counselors,
4. marriage and family therapists,
5. social workers,
6. clinical psychologists, and

7. psychiatric nurses.

III. POLICY CONSIDERATIONS

A. Psychotropic drugs. All patients receiving psychotropic drugs must be under the care of a qualified mental health provider who is licensed to prescribe drugs.

B. Electroconvulsive treatment (ECT) is covered when medically or psychologically appropriate and when rendered by qualified providers.

C. Long-term inpatient psychiatric care is covered when medically necessary, related to a service-connected condition, and not custodial in nature.

D. Acute inpatient psychiatric care is covered when medical necessity has been established and the care is related to a service-connected disability.

E. Periodic medical reports are required. The information requested may include but not limited to:

1. diagnosis,
2. description of treatment,
3. dates of treatment/evaluation since the last report,
4. veteran's progress,
5. any prescribed medications, and
6. treatment goals for the veteran.

IV. EXCLUSIONS

A. Leisure time programs, outings, and movies.

B. Aversion therapy (the use of electric shock as negative reinforcement).

C. Custodial care.

D. Outpatient psychotherapy when the patient is an inpatient at a hospital or other institution.

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END OF POLICY